



Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	1635
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	Therapeutic Uses of Factors Which Inhibit or Neutralize MIF Activity
Attorney Docket Number::	70015.114USC1
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Initial 10/693,498 10/27/03

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Richard
Middle Name::
Family Name:: Bucala
Name Suffix::
City of Residence:: Cos Cob
State or Province of Residence:: CT
Country of Residence:: USA
Street of mailing address:: 22 Benenson Drive
City of mailing address:: Cos Cob
State or Province of mailing address:: CT
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 06807

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Jason
Middle Name::
Family Name:: Chesney
Name Suffix::
City of Residence:: Minneapolis
State or Province of Residence:: MN
Country of Residence:: USA
Street of mailing address:: 410 5th Street, N.E., #1

Initial 10/693,498 10/27/03

City of mailing address:: Minneapolis
State or Province of mailing address:: MN
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55413

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
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Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
	Continuation of	08/738,947	10/24/96
08/738,947	Continuation-in-Part	08/462,350	06/05/95
08/462,350	Continuation-in-Part	08/243,342	05/16/94
08/243,342	Continuatin-in-Part	08/063,399	05/17/93

Assignee Information

Assignee Name:: Cytokine PharmaSciences, Inc.
Street of mailing address:: 150 South Warner Rd., Suite 420
City of mailing address:: King of Prussia
State or Province of mailing address:: PA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 19406

Initial 10/693,498 10/27/03